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Key informant survey of Filipino family and youth service needs

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Key Informant Survey of Filipino Family

and Youth Service Needs

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TABLE OF CONTENTS

PAGE NO.

I. Introduction

This key informant survey of Filipino[1] mental health/ community workers is intended to be preliminary data for identification of key areas in need of development. The focus is on areas of access, outreach, and program development. This action project will aid in the development of a Filipino community needs assessment study that is planned for the Fall of 1996. The goals of this study are to assess the opinions and ideas of key Filipino mental health and community workers regarding accessibility of already existing services and to gather recommendations for planning and development of new services.

The Filipino Youth Coalition, located in East San Jose, is the sponsoring agency of this research. Clients served by this organization include middle-school and high-school age youth in the Eastside Union High School District and their families. The agency provides services to adolescents and their families in the areas of gang intervention and youth development. Project P.E.A.C.E. (Pilipinos Encouraging a Community Effort) is a program under the Filipino Youth Coalition that focuses on Filipino gang intervention activities for the entire city of San Jose.

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[1] The use of 'Filipino' or 'Pilipino' is a matter of choice. The use of Pilipino originated during the late 1960s with the ethnic consciousness movement as a way of asserting separation from the colonial mentality. Prior to European colonization, it is argued that there was no "F" sound in the indigenous Tagalog language, but recent discoveries have noted the existence of Philippine dialects with "F" sounds. (Attorney General, as cited in Chan, 1992)

II: Context of Services

Description of Agency

The Filipino Youth Coalition (F.Y.C.) is a small community based organization situated in East San Jose at Foothill Continuation High School. Originally organized in June 1992 by high school and college age youth from San Jose as a means of fostering Filipino heritage, the program now provides gang mediation, leadership programs, and gang awareness programs in the Yellow, Paul, William, and Nora Police Service areas of San Jose (San Jose Best Evaluation, June, 1995). FYC's mission statement is, "To provide youth the opportunity to strengthen and empower the community."

The scope of services include gang prevention, intervention and mediation services at Silver Creek, Independence High School and their feeder middle schools. Approximately 46,000 hours have been devoted to client services since the agency's inception in 1992.

Specific programs sponsored by the agency include: 1) youth leadership programs, 2) recreational/ social programs, 3) Filipino gang awareness, 4) intervention programs, 5) family visits, 6) youth pre-employment training, 7) a culturally responsive mentorship/ counseling program, 8) support group for gang youth, and 9) crisis intervention.

The staff consists of a part-time Executive Director, a full-time Program Director, 7 Community Peers, and 6 Tutors. Community Peers are college age students who provide 20 hours of programming

and counseling services a week to the schools. For the leadership program, FYC has 1.5 FTE (Full-time employee) Volunteer Coordinator. Personnel for the Gang Intervention Program includes 2.5 FTE Outreach Workers, and 2.75 FTE Case Managers. The average age of clients served is 14.6 years, with about 80% of the participating youth of Filipino descent.

Policy Context

The is no legal mandate by which services are provided to the clients of this program. The Filipino Youth Coalition has been a member of the City of San Jose Gang Task Force since 1993 and has signed a Memorandum of Understanding which stipulates a promise to assist in the development of prevention and suppression activities adhering to the Gang Task Force Workplan (Filipino Youth Coalition, 1996).

FYC's goals and objectives fit into the prevention and intervention components of the Gang Task Force Workplan (Filipino Youth Coalition, 1996). Targeting Filipino youth and families, the goals and objectives of the program are to provide gang intervention and prevention services that are "culturally and linguistically sensitive." Community Peers who work with clients at the local high schools and middle schools have direct knowledge about Filipino gangs and provide services such as gang awareness seminars, individual/ family discussions, mentorship programs, and tracking of students' academic progress. Up to 15 gang-affiliated youth per school are identified and followed by the Community Peers.

The Youth Leadership program includes about 25 youth per week in its general leadership meetings. Youth from area high schools, middle schools, and college age students have planned over 50 events that have drawn crowds ranging from 70-300 participants. Goals of the leadership program include: 1) to develop youth leaders through organized weekly meetings with at least an attendance of 25 youth per week. Issues to be dealt with at these meetings include Community Service, Cultural Awareness, Self-Esteem, Goal Setting, Communication, and Gender Issues. Objectives under this goal include: 1) that 40 youth will have participated in at least 2 City sponsored neighborhood clean-ups, 2) 80% of participating youth will feel more confident in themselves and the community, 3) 80% of youth will be more knowledgeable about their own culture (Filipino Youth Coalition, 1996). It is the intention of this component of FYC services to provide youth leadership opportunities in facilitation of large scale, city wide, youth sponsored activities, such as conferences, forums and events. Participating youth are required to develop a minimum of 4 city-wide youth activities that include 100 or more youth (Filipino Youth Coalition, 1996).

Under the Education Empowerment/ Afterschool Recreation/Social Development Programs (Filipino Youth Coalition, 1996), FYC established the Melvin Ancheta Homework Club which is currently run by MACSA, as the Melvin Ancheta Zero Drop Academy. FYC has also provided three middle schools with Afterschool Activity Centers. Goals under this program are to provide 25 youth per middle school

with Afterschool Activity Centers focusing on homework, cultural awareness and positive social development services, four days per week. The first objective under this goal is that 80% of participating youth will be more knowledgeable about their own culture, also that 80% of the youth will have developed closer friendships with youth in the program. A third objective is that 80% of the participating youth will feel safe when participating in programs at other school sites. The fourth objective is that 80% of participating youth will increase their grades from the last grading period (Filipino Youth Coalition, 1996).

At targeted high schools and middle schools, the programming component of Youth Intervention Services provides high risk/ gang affiliated youth with individual monitoring, academic and social support, field trips, positive peer role modeling through weekly groups (10 week duration), and individual counseling sessions. Objectives under this directive include that participating youth will establish realistic short term and long term goals, that school attendance will be improved by 25% over the next grading quarter, and that students will receive a minimum of a "C" grade in at least three academic classes. The second goal of the intervention program is to provide clients with individualized assessments, counseling, and home visits on a weekly basis. Objectives under this goal are that 80% of clients will meet 80% of their monthly goals, by the end of the fourth week of the program 80% of the clients will trust and be open to the Community Peer Worker by the end of the 10th week of the program, and 80% of the

clients will vocalize and understand non-violent conflict resolution skills (Filipino Youth Coalition, 1996).

The Gang Awareness Programming component of the project is designed to provide outreach and education about the issues of Filipino gangs to the community. Presentations to the community are provided in Tagalog and FYC has met with various Filipino groups in order to discuss the extent of criminal youth activities. Goals of this program include providing monthly parent gang education workshops addressing issues such as: dealing with a gang involved child, parent-child generational/ cultural conflict, communication and negotiation skills, discipline, and county child protection laws (Filipino Youth Coalition, 1996).

In the area of employment preparation, FYC collaborates with UJIMA and the City of San Jose Si Se Puede program at Santa Teresa High School. Goals under this program include providing 36 youth with a 10 week Job Training Curriculum, and 60% placement in job or job training. Objectives of the program are that 80% of the clients will feel confident in looking for a job, applying for a job, and succeeding in a job, that 80% of clients will believe that further education will enhance their chances at a better job, and that a minimum of 50 businesses and/ or agencies will be developed as potential referral sites (Filipino Youth Coalition, 1996).

With the ultimate goal of having high-risk/ gang youth return to school and participate in positive activities, the Gang Intervention/ Mediation component of FYC services provides youth with resources, referrals and support. Objectives of this program

include that 80% of all youth contacted on the street will be personally taken to 2 different support programs and that identified youth will trust street outreach workers. FYC also works to develop and plot updated information on Filipino gang activity in the City of San Jose and throughout Santa Clara County (Filipino Youth Coalition, 1996).

A second goal under gang mediation is to provide Filipino youth who are incarcerated in Juvenile Centers with needs assessment, weekly counseling, referrals to other services, family meetings, as well as release programming. Specific objectives to measure the success of this goal are that 80% of youth will make a change in their lives, 80% of clients, upon release, will be enrolled in school, job training, or a job, parents of clients will receive monthly meetings with case managers to update progress on goals, and 80% of clients released from custody will participate in organized, positive, social programs (Filipino Youth Coalition, 1996).

Target Population

Filipino youth from middle schools and high schools in the Eastside Union High School District make up the target population. For Project P.E.A.C.E services, the target population is any gang-involved Filipino, or any high risk Filipino youth living in the city of San Jose. The program's goal is to fill the gap in services for Filipino youth who comprise between 9-11% of the student population of the Eastside Union High School District.

Based on the San Jose B.E.S.T. Quarterly Service Report for the 2nd quarter (Dec. 1 - Feb. 29, 1996) client statistics collected show that out of 736 total clients for that fiscal year to date, 55% (N=405) were male, while 45% (N=331) were female. Ethnic breakdown of clients served for that fiscal year illustrate that the vast majority of total clients were Filipino (93% (N=667)) with the next largest groups served as 3% (N=23) African American and 2% (N=17) Vietnamese. The age breakdown of the youth is 30% ages 14 to 15 (N=219), 28% ages 12 to 13 (N=208), 23% ages 16 to 17 (N=172) and 5% ages 18 to 21 (N=34).

III. <u>Theoretical Foundations and Literature Review</u>

Filipinos in the San Jose area are the second largest Asian group after the Chinese. According to the 1990 census, Filipinos comprised 24% of the Asian population and 4.1% of the total population (Gall & Timothy, 1993). In 1990 they numbered 61,518. Given that this population is significant and that it continues to grow, it is notable that the only ethnic specific social service agencies that exist for Filipinos in Santa Clara County are the Filipino Youth Coalition (youth development and gang intervention) and Northside Community Center (elderly).

Other community based agencies, such as AACI (Asian Americans for Community Involvement) and the Asian-Pacific Family Resource Center are available to serve the community, but have limited numbers of Filipino bilingual and bicultural workers. In the realm of mental health, the county is the main provider of services to the Filipino community. It is often the case that Filipinos will present to county mental health facilities only after they have "severely decompensated" or are in a crisis (Fact Sheet, "Need for Mental Health Services for Filipinos in Santa Clara County," 1993). The statistics for common psychiatric diagnoses for Filipinos show a high percentage of diagnoses of Schizophrenia or other psychosis - 35.8% of clients served in the first six months of FY 91-92 were noted to have this simple diagnosis (Fact Sheet, 1993).

It is stated in the San Jose B.E.S.T. Quarterly Service Report for the 2nd Quarter of Fiscal Year 1995-1996, that many of the youth and families served by the Filipino Youth Coalition at

Foothill High School interface with several service systems; mental health is identified as one of these service systems. The Filipino Youth Coalition has a history of collaboration with other community based organizations. It is the opinion of the researcher that since many of the clients served have some contact with the mental health system, building collaborations with this system can only be beneficial to the client. It is the intention of the researcher to connect the most visible Filipino focused community based organization (FYC) with mental health practitioners in order to bridge the gap between service delivery systems.

Elliott and Huizinga (as cited in Elliott, Huizinga, & Menard, 1989), state that there is documentation that delinquent youth with substance abuse or mental health problems are at a greater risk for arrest. Also, the older the offender, the more likely that s/he will be incarcerated. The authors continue to state, "as a result, the proportion of multiple problem youth among older offenders generally and particularly among those who are incarcerated is likely to be quite high and poses serious problems for our justice system and correctional institutions" (p. 200). Prevention at an early age, intervention with the family, and positive school support and experiences are also identified by the authors as strategies for preventing future delinquency and/or mental health problems.

The Community Peers who provide most of the direct services of Filipino Youth Coalition to the youth and their families are paraprofessionals. Although they have background and training in

working with gang-involved and high-risk youth, there is a need for more social work staff in order to improve the quality of counseling services. Ying & Hu (1994) illustrated that professional status of service providers was determined as a predictor of increased service utilization. It is the opinion of the researcher that by increasing the availability of social work staff, more youth and families will utilize available services. Also, social workers may be more familiar with the social service system and be able to advocate for clients within the county mental health system.

"Need" is defined by the National Health Service and Community Care Act of 1990 as "the requirements of individuals to enable them to achieve, maintain or restore an acceptable level of social independence or quality of life" (Slade, 1994). What are the needs of Filipinos in the area of mental health? Much research has been conducted on Asian/Pacific Islanders often including Filipinos as part of this group. Agbayani-Siewert (1994) states that assuming this similarity negates two fundamental characteristics not found in other Asian groups: 1) the vast majority of Filipinos are Catholic, and 2) relationships between the sexes are structured on egalitarian rather than patriarchal principles. These are fundamental differences in the culture that need to be taken into consideration when generalizing research conducted on Asian/ Pacific Islanders to Filipinos.

Kagawa-Singer & Chung (1994) interpret culture as "a tool that defines reality for its members" and that "beliefs, values, and

behaviors of a culture provide its members with some degree of personal and social meaning for human existence, learned through tradition and transmitted from generation to generation" (p. 198). It is in acknowledging the cultural component of serving specific populations, in this case, the Filipino population, that services can be made more effective. A critical component of Filipino culture, is the centrality of family relationships.

In research conducted on county mental health service utilization and treatment patterns for the Asian community of Los Angeles County, Filipinos were shown to utilize more family therapy than other Asian groups (Leong, 1994). Generational conflict, specifically conflict between Philippine-born parents and their children born or raised in the United States, is a major source of stress for the family system (Agbayani-Siewert & Revilla, 1995). Filipino culture emphasizes interdependency, family cohesiveness, and maintenance of smooth interpersonal relationships which directly conflicts with the "American" values of independence, self-sufficiency and assertiveness. Second generation Filipinos may have more problems due to a weakened group identity (loss of language and culture) which may lead to greater internal conflict (Heras & Revilla, 1994). Many Filipino families have difficulty adjusting to the conflicting value systems. Some youth may respond with involvement in gangs in order to feel a sense of belonging and identity. Filipino gangs often profess "Pinoy Pride" - or strength in ethnic identity - as the cornerstone of their "barkada" (group affiliation).

Survey Instrument

The Key Informant Approach was used to collect data for this action project. This resulted in a sample of convenience. Key informant sampling can be done quickly and at minimal cost to the agency involved. Milord (1976) describes the key informant survey as the first step in gaining a general profile of community needs. An impression of needed services may be assessed through the solicitation of input from a small sample of respondents who live and work in the community of concern. The second step in the process of community needs assessment process is to "verify the information gathered with those groups in the community that have been identified as having the general service needs" (Milord, p. 267).

The rationale for the selection of specifically Filipino mental health/ community workers was to assess the opinions of individuals who have direct and frequent contact with the population and because their bilingual/ bicultural skills make them more accessible to the Filipino community. Needs assessment research conducted at the grass roots level in the Hispanic community reveals that talking to key community members is an integral part of gaining an initial idea of what needs to be addressed to the community at large (Delgado, 1979). Key Informant research, as one approach to needs assessment, can be used individually or in conjunction with other approaches (Humm-Delgado & Delgado, 1986).

Sue, Fujino, Hu, Takeuchi & Zane (1991), show a positive treatment outcome in the form of increased service utilization and return appointments when clients are matched linguistically and ethnically with clinicians. Cheung & Snowden (1990) identify accessibility of services and outreach as critical components of increasing mental health service utilization to ethnically diverse populations. It is based on this assumption that the researcher addresses barriers to accessibility and outreach efforts in the instrument.

In "Cultural Competency Goals, Strategies, and Standards for Mental Health Care to Ethnic Clients" developed by the California Mental Health Ethnic Services Managers (Cultural Competency Standards Committee, 1995), improving access to care is identified as a critical component of reaching ethnic communities. Components of improving access are identified as providing linguistically, culturally and geographically accessible mental health services. One of the strategies outlined in this paper is to "contract and collaborate with community based agencies which have effectively and historically been successful in serving ethnic, cultural, and specialty populations" (p.1). Under preventive strategies, establishing collaborative and consultative relationships with a variety of community resources that provide assistance to ethnic populations, and providing consultation and training to other agencies, such as criminal justice, the schools, social services and substance abuse services, are outlined. It is the intention of the researcher to assist in building a collaboration between an

ethnically focused organization, such as the Filipino Youth Coalition, and the countywide mental health system.

The unique community problems of Asian Americans in relation to mental health utilization include culture specific barriers to service utilization. Research with Asian Americans has shown that Asian/Pacific Islanders, as a group, underutilize mental health care (Cheung & Snowden, 1990). Barriers to accessibility of mental health services are frequently identified as a main obstacle to service utilization. Filipinos are often referred to mental health services by their families or social services (Zane, Hatanaka, Park, & Akutsu, 1994). It is precisely for this reason that outreach efforts and collaboration between community agencies that work with families and social services need to increase in order to effectively serve the Filipino community.

Barriers to service utilization, as identified by Cheung and Snowden (1990) include financing; minorities are disproportionately represented among the poor and near-poor groups. Another barrier identified by Cheung and Snowden is "Cultural Incongruity" (p. 284). The authors state that "mental health is a culturally embedded notion" (p.284) and that diagnosis and treatment are heavily dependent on language. Culture bound beliefs about the nature of mental illness and alternative treatments, such as faith healing in Filipino culture, must also be considered in treatment (Mokuau & Fong, 1994). Filipino culture is strongly influenced by Catholicism - prayer and faith healers are common methods of dealing with illness in conjunction with Western treatment options

(Mokuau & Fong, 1994).

Sue, Fujino, Hu, Takeuchi, & Zane (1991) stress the importance of language and ethnic match for clients who have English as a second language. Since most Filipinos are proficient in English, it is falsely assumed that bilingual services are not necessary to effectively serve this population (Morales, 1974). Deference to authority and respect for status in the culture may interfere with the Filipino client's ability to let the worker know if s/he is understood correctly. Sue, et. al, state that it is precisely this barrier to understanding that interferes with the client's ability to accept treatment and return for the next visit. Studies have shown that the availability of bilingual/ bicultural workers increases service utilization and contributes to a positive outcome for the client (Ying & Hu, 1994; Flaskerud, 1986).

Mokuau & Fong (1994) outline several criteria for assessing the responsiveness of health services to ethnic minorities which the researcher utilized as a framework for developing the survey instrument. There are three components of the Mokuau & Fong model: 1) availability, 2) accessibility, and 3) acceptability. Availability is defined by the existence of "adequate facilities, trained personnel and the resource capacity to handle those persons in need" (p. 26). The existence and availability of bilingual/bicultural personnel may be considered a strategy for increasing availability to ethnic minorities. As mentioned earlier, the availability of bilingual/bicultural workers has been proven to increase service utilization with Asian clients (Sue, et al., 1991;

Cross, Bazron, Dennis, & Isaacs, 1989).

Accessibility is defined as the "ability of the clients to acquire or receive services" (Mokuau & Fong, 1994, p. 26). This can be contingent on cost of services, hours of operation of the facility, and the location of the agency/ proximity to the population it wishes to serve. The convenience of the location of the agency and the general waiting period before the first appointment can be obstacles to accessibility.

Acceptability is defined as the "degree to which services are compatible or congruent with the cultural values and traditions of a group" (Mokuau & Fong, 1994, p. 27). Providers who are trained in cross-cultural communication and establishing a clinic atmosphere that is welcoming to ethnic minority clients are two components of acceptability. Poole and Carlton (as cited in Mokuau and Fong, 1994), "suggest that the acceptability of care as well as service utilization by consumers are influenced by the clients' perceptions that the service provider is caring, open in communication and is able to establish rapport" (p. 27).

IV. <u>Design of the Action Project</u>

A. Primary and Secondary Goals

There are two goals of this research study. The primary goal was to do an assessment of a small number of Filipino mental health professionals who work with the community in order to develop a general picture of community needs, from the perspective of these service providers. The secondary goal of this research was to obtain preliminary data for a larger community needs assessment that is in development, and to generate a more comprehensive research tool.

B. Operationalization of Outcomes

The outcomes to be measured by the survey instrument include the following: 1. General Agency Information (Questions 1-12); 2. Agency information in relation to serving the Filipino community (Questions 13-17); 3. Filipino community problems (Questions 18-19); 4. Outreach (Questions 20-22); 5. Program development (Question 23); 6. Respondent information (Questions 24-31); and 7. Open-ended concluding questions (Questions 32-34) (see Appendix C for instrument).

The first section of this instrument, General Agency Information, is intended to obtain a quick assessment of the accessibility of services at the respondent's agency. Criteria for development of these questions are outlined in Mokuau & Fong (1994), who established a three tiered framework for analyzing the responsiveness of health services to ethnic minorities.

The first criteria, availability, is measured by existence of

bilingual/ bicultural staff (Questions 12, 12.a), accessible location to the community (Questions 1, 2, 6), culturally competent care (Questions 10, 11, 11.a), flexible hours of operation (Questions 7, 8), immediate access to service (Question 5) and cost of services (Question 9).

Agency information in relation to specifically serving the Filipino community is subjectively measured by looking at issues of physical accessibility (Question 13), perception that Filipino clients feel welcome at agency (Question 14), common mental health diagnosis (Question 15), adequate agency resources to deal mental health problems (Question 16), existence of adequate community resources for referral purposes (Question 17). Barriers to service utilization can be an unresponsive and inaccessible service system and inconvenient location (Flaskerud, 1986).

Leong (1994) recommends educational mental health outreach as a means of increasing service utilization. Questions 20-22 address the issue of outreach efforts, specifically, what outreach efforts already exist and what method of outreach is recommended as most effective.

Question 23 is a general list of areas that may be in need of development in the community as identified by the researcher through personal experience and previous communication with community workers. Respondent information is gathered in questions 24-31 to obtain a general background of the respondent.

Open-ended concluding questions were chosen to give the respondent the opportunity to identify areas in need of

development, ways in which to develop these ideas, and methods for improving accessibility of services to the Filipino community (Questions 32-34).

C. Stages of Implementation

Respondents were identified by the sponsoring agency prior to initiating research and informed of the intention of the researcher to ask for their participation. Respondents were informed that they would receive a copy of the instrument in the mail within a few days and that the researcher would contact them in a week to follow-up with facilitating the data collection process. Approximately one week after initial mailing, each respondent was contacted by phone by the researcher.

It was the initial intention of the researcher to make the follow-up phone contact an actual interview of the participant. Unfortunately, not all participants were available for this purpose.

D. Sample

Survey respondents were identified by the researcher with the assistance of the Executive Director of FYC, Steve Arevalo, and no sample methodology was used. Criteria for selection of participants were that the respondent be 1) of Filipino descent, 2) a mental health or community worker, and 3) have direct knowledge of the local Filipino community. Participants were selected from public agencies in Santa Clara County and non-profit community based organizations serving the Filipino community. Participants, a total of 10, were identified and an attempt to contact each person by

phone was made a few days prior to mailing out the survey. Nine of the 10 subjects were contacted; eight agreed to participate in the survey. Six completed surveys make up the sample.

E. Risks to Subjects

There were no known risks to subjects related to their involvement in this study. Subjects were free to decide whether or not to participate in the study and were informed of their options which were outlined in the consent form (see Appendix B). Respondents' identities were only recorded for the purpose of data collection and not identified with the data. Clearance from the University Human Subjects Committee was requested and approved prior to initiating data collection (see Appendix D).

F. Procedures at Each Stage

In identifying participants, the researcher consulted with the Executive Director of the sponsoring agency, Mr. Steve Arevalo, who gave the researcher the names and telephone numbers of individuals who fit the criteria previously outlined. The researcher made initial telephone contact with the participants and confirmed their agreement to participate in the study. After receiving verbal agreement via telephone, the survey instrument was mailed with a self-addressed stamped envelope addressed to the Filipino Youth Coalition with no return address, a brief letter of introduction and a copy of the consent form (see Appendix A & B). The researcher made follow-up telephone calls one week after the mailing in order to verify return of the survey instrument to the sponsoring agency and/or to assess the respondent's need to clarify questions.

V. <u>Results</u>

A. Characteristics of Respondents

Those that responded to the questionnaire represented community based agencies as well as the county system. Although a total of 10 surveys were mailed, only six were returned to the researcher by the deadline. Respondents ranged in educational attainment and job titles. In response to question 31, all participants had a college degree. Of the six respondents, one had a Bachelor's of Arts in Social Work, three were M.S.W.s, one was attending graduate school to obtain a Master's in Public Administration, and one had a Ph. D. in Psychology.

Job titles (Question 24) included, an Office Professional, a Researcher, a Program Director, a Psychiatric Social Worker, a Social Work Training Specialist and a Business Owner. In response to question 25, four of the six respondents were administrators, and three were direct practitioners (one respondent functioned as both an administrator and a direct practitioner).

In relation to Filipino regional backgrounds of participants (Question 27), three respondents identified as Tagalog, two as Ilocano, and one as Cebuano/Bicolano. There were three male and three female respondents (Question 28). Four of the six participants responded to the date of birth question (Question 29). Those that responded ranged in age from 27-56 years of age.

Length of time worked for the agency of current employment varied widely (Question 30). Two respondents worked for their agencies from 1-5 years, two were employed 16 years or over, one

worked from 11-15 years and one was an employee for the agency 6-10 years.

B. General Agency Information

In response to Question 1, all participants worked for agencies located in the city of San Jose. One agency served the city of San Jose specifically, four agencies served Santa Clara County, and one agency served the general San Francisco Bay Area (Question 2). Question 3, area of service specialty, revealed an assortment of responses. Two of the six agencies were mental health agencies focusing on the severely mentally ill, two provided family services, one provided child welfare and adult services as well as income maintenance and social services, and one was a consulting agency that worked with non-profit businesses. In response to question 4 - method of informing the public about agency services - three agencies relied on referrals from various sources, two agencies utilized fliers, one agency utilizing fliers also used community events, speakers bureaus, and employee orientation. One agency primarily focused on "outreach," but did not specify what type.

In response to average waiting period for accessing services (Question 5), two of the six agencies identified a waiting period of 7-10 days, two responded that the waiting period was less than 7 days; one of these respondents qualified that it must be an emergency or crisis situation for immediate mobilization of services. One respondent answered 0-14 days, depending on "where they enter the system." One respondent provided no answer to this

question.

All respondents stated that public transportation was accessible to and from their agency within five blocks (Question 6). All agencies offered services during evening hours (after 5 p.m.) (Question 7). One agency stated that evening hours were "conditional." Other descriptive responses included, "offer case management after 5 p.m.," and "evening hours were available by special arrangement or appointment only." Four of the six participants stated that services at their agencies are available on the weekends (Question 8).

Method of payment (Question 9) for three of the six agencies was at no cost to the client, two agencies provided services on a sliding scale and Medical/ Medicare coverage (one agency also accepted fee for service and Short-Doyle payments). The final agency accepted cash/ checks and credit card payments.

Five of the six agencies serve a multi-ethnic population (Question 10). Only one agency focused specifically on targeting the Filipino family. All six agencies provided services in the Filipino language (Question 12) and five of the six agencies offered Tagalog services. Two of the agencies offered Tagalog and Ilocano services, one offered Tagalog, Visaya and Ilocano languages, one agency offered only Tagalog, one offered only Ilocano services, and one offered Tagalog and Cebuano dialects.

C. Agency Information in Relation to Serving the Filipino Community

All six agencies agreed that they were located in an accessible location to the Filipino community (Question 13). Three of the agencies were identified as welcoming to Filipinos (Question 14) and of the three that did not report themselves as welcoming, respondents included statements such as, "not all the time, it depends" and "mental health issues, versus personal comfort."

In response to question 15 - common mental health problems - parent-child conflict and parenting issues were identified by two of the respondents, three reported issues related to culture shock, adjustment/ acculturation difficulties for immigrants that include language difficulties, housing, employment, legal problems and economic hardship. One respondent identified juvenile delinquency, drugs, low self-esteem, out of control youth and gangs as the most common mental health problems at the agency. One participant identified schizophrenia, major depression, and schizophreniform disorder as the major mental health diagnoses of clients.

All respondents agreed that there were not adequate resources within their respective agencies to deal with the problems identified in Question 14. Respondent 1 stated, "(the) client only gets help in their (sic) worst situation or symptoms. No services available for prevention, only intervention. Services are given for abuse, neglect, or referred by the court." Respondent 2 stated, "Given the current lack of funding and lack of administrative commitment, services are not what they used to be.. Have had some decrease in service providers." Respondent 3 replied , "(there are)

not enough mental health professionals." Respondent 4 answered, "1) There are clients who need mental health services but are not yet severe and therefore do not meet our criteria, and 2) Asian/ Pacific Islander (clients) do not fill in this gap because of lack of skill(s) and of adequate personnel.." Respondent 5 stated, "Need more staffing to provide services." Respondent 6 did not qualify his/her answer.

All respondents agreed that there are not enough community resources available for referral (Question 17). Elaborations of this questions included, from Respondent 1, "There are no resources available that provide general services to Filipinos. Most Filipinos will try to take care of their own problems because of frustration when they ask for help or with other agencies. They don't go back because of the run around..." Respondent 2 stated that there is a "need (for) stronger linkages between agencies with follow-up." Respondent 3 stated, "(there are) no Filipino specific programs." Respondent 4 answered, "There are other agencies available, but bilingual/ bicultural services are not present." Respondent 5 replied, "There are very limited resources specifically geared to serve the identified needs of the Filipino family." Respondent 6 proposed, "agencies are lacking to meet the specific needs of the Filipinos."

D. Filipino Community Problems

Table 1 illustrates the responses to question 18, identification of the three most serious mental health related problems in the Filipino community (see page 26). Due to the variation of responses, participants' responses are individually reported. Two respondents identified agency related problems, such as "lack of resources available for Filipinos to get help," "utilization of resources of the facility towards treatment" and "insensitivity to the mental health needs of Filipinos." Two respondents described immigrant adjustment difficulties as community problems, such as, "status discrepancy" difficulties with "adjustment, adaptation and acculturation." Three respondents mentioned youth and family concerns, such as "family disintegration," "parenting concerns," "youth violence" and "marriage."

Table 1

Filipino Community Problems

Respondent 1:
    1. Lack of understanding what mental health is all about
    2. Lack of Filipino workers and teachers
    3. Lack of resources available for Filipinos to get help

Respondent 2:
    1. Immigrant status issues
    2. Status discrepancy
    3. Adjustment and adaptation

Respondent 3:
    1. Youth violence
    2. Drugs
    3. Parenting concerns

Respondent 4:
    1. Insensitivity to the mental health needs of Pilipinos
    2. Adequate/ appropriate services, i.e., family focus
    3. Utilization of resources of the facility towards treatment

Respondent 5:
    1. Family disintegration
    2. Adjustment/ acculturation issues
    3. Alcohol and drugs

Respondent 6:
    1. Youth and family
    2. Marriage/ employment
    3. Colonial mentality

Table 2 outlines responses to question 19 - Factors that interfere with help seeking from a mental health center or similar helping agency. Frequency of responses, not rank order, was noted due to the dispersement of responses. The most frequently noted response to this question was "lack of awareness of available services," which was identified by five respondents as a barrier to help seeking behavior. "Must keep problems in the family, " " Fear of what others might think," and "No bilingual counselor" were each identified by three respondents as barriers to help seeking. "Cost of services" was identified by two participants as another obstacle to seeking help.

Table 2

Factors that Interfere with Help Seeking of Filipinos

	frequency of response
Lack of awareness of available services	5
Must keep problems in the family	3
Fear of what others might think	3
No Bilingual counselor	3
Cost of services	2

E. Outreach

In regards to the most effective means of informing the community (Question 20), two respondents identified local newspapers as a method, four of six respondents identified television as a good method. Educational talks were identified by three of the six respondents, pamphlets by one, and word of mouth by three participants. Other suggestions recommended for community outreach include, "outreach meetings with different organizations," "newspapers: the Manila Bulletin (mental health column)," interagency collaboration/ communication, and "neighborhood and community forums and (open) houses."

Social services identified as working with the Filipino community were, Asian Pacific Family Resource Center (SSA) (number of responses=5), Santa Clara County (N=1), Filipino Youth Coalition (N=5), The Place (N=2), Mental Health Department (County) (N=2), and Northside Community Center (N=1). Question 21.a. - which agencies identified in question 21 are doing community outreach - was answered by all respondents as "same as above" or "see question 21," except for one participant who stated, "Fil-Am Council."

All agencies, but one, make specific outreach efforts to the local Filipino community (Question 22). Write in responses to this question included, "Only one social worker to provide services and some volunteers," " Outreach services to Pilipinos include: in-home assessment, family assessment/ treatment, (and) collateral crisis intervention." Another respondent replied, "Limited. Social worker at Family Resource Center attempts to promote services."

F. Program Development

Table 3 outlines frequency of choices in response to question 23 - areas for program development. Frequency of response was noted instead of rank order because of the dispersement of responses to this question. The most frequently identified area in need of expansion to the community was "Help with family problems" (N=5). parent education, drug abuse counseling, marital counseling, and delinquency prevention programs were each identified by three respondents. Child counseling, Assertiveness training, Alcohol abuse counseling, Job skills training for adolescents, and gang outreach were each identified by two respondents. Adult counseling was only identified by one participant as an area in need of development.

Table 3

Program Development

	frequency of response
Help with family problems	5
Parent education	3
Drug abuse counseling	3
Marital counseling	3
Delinquency prevention programs	3
Child counseling	2
Assertiveness training	2
Alcohol abuse counseling	2
Job skills training for adolescents	2
Gang outreach	2
Adult counseling	1

G. Open-ended Concluding Questions

Answers to this section of the survey varied widely, and it is for this reason that each respondents' answers are quoted.

Question 32 addresses areas for service/ program development. Respondent 1 stated, "A place where Filipinos can come or drop in to inquire (about) information of the different services they can utilize provided by Filipino workers who understand the culture and language and (are) able to relate to other Filipinos.. We need services that provide prevention not intervention."

Respondent 2 answered this question as follows, " Family support services, immigration, education, e.g., inform recent immigrants about cultural differences and ways to access public services, how to deal with the educational system, etc., employment."

Respondent 3 wanted, "more youth activities and counseling" and Respondent 4 identified, "intergenerational family therapy, drug education and counseling, and gang outreach and prevention." Respondent 5 replied, "1) support non-profit organizations that directly work with youth, 2) general orientation to new immigrants which would include discussion of adaptation to U.S., understanding of differences in culture, child welfare laws, resources and how to access services, parent education, and support group information." The open-ended questions were not received by Respondent 6.

Question 33 addresses ideas about how to develop the proposed services identified in question 32. Respondent 1 answered, "Employ more Filipino workers, since Filipinos are the second highest

population in Santa Clara County..provide more services and do more outreach. General services should be provided instead of just specialized units such as Children's Services or Adult Protective Services. Most Filipinos need services of different kind(s)."

Respondent 2 replied that there is a need for "community organizing and grant proposal writing." Respondent 3 asked for "funds directed into Filipino Youth programs" and Respondent 4 identified, "1) Through a comprehensive "one door" program where staffing varies in skill/ orientation; 2) We need to be very clear about our approach and theoretical framework that works best for the Pilipinos." Respondent 5 answered, "Additional staff focused on goals. Some Filipinos tend to like to meet but fail to establish measurable objectives."

Question 34 deals with generating ideas for improving accessibility to the community. Respondent 1 answered, "Have the general services available, hire more Filipino social workers... Community outreach in school, other agencies, colleges, different centers, radio, television and newspapers." Respondent 2 answered, "Education which focuses upon when services should be sought versus information about services." Respondent 3 reported, "Need to do more public presentations (churches, work places, etc...)." Respondent 4 asked, "Do we have a Pilipino resource directory that well cover areas such as: Early Intervention/ Prevention, Treatment/ management, housing, after-care?." Respondent 5 answered, "Solidarity among Filipinos to help the community without looking at turf or regional issues."

VI. Discussion

Those individuals that comprised the final sample of six represented a variety of agency and professional backgrounds. Even respondents with the same educational background had dissimilar job titles and agency settings. Even through the response rate was above average (60%), the sample size was very small and therefore, not generalizable. The female/ male ratio was equal (3 males, 3 females).

All agencies had similar service areas (San Jose/ Santa Clara County). Area of service specialty varied throughout respondents' agencies, yet all agencies had bilingual/ bicultural capacity in Tagalog. In relation to addressing agency services for serving the Filipino community, immigrant issues, specifically issues of adjustment that include familiarization with the law, housing, economic assistance and language difficulties, were mentioned as a common mental health problem by half of the respondents.

Lack of adequate resources to serve the community was identified by all the participants as an issue. Half the respondents agreed there was a lack of sufficient personnel to deal with community need. Furthermore, all respondents agreed that there was insufficient culturally compatible community resources available for referral.

Youth and family concerns were identified by half the respondents was the primary community problem. The main factor interfering with help seeking was identified as "lack of awareness of available services." All respondents stated that their agencies

performed outreach, yet it was qualified that there was insufficient staffing to support needed services. "Help with family problems" was identified as the primary area in need of program development.

The variability of responses to the open-ended concluding questions demonstrated that respondents' answers were bound by their respective agency backgrounds. The idea for a "one-door" program for Filipino families was a common theme identified as a method to improve services. Topics in relation to family, immigration, help with accessing the system, and a need for increasing bilingual/ bicultural workers were all repeated as general services needed by the community.

Elliott & Huizinga (as cited in Elliott, Huizinga, & Menard, 1989) identified family intervention as a strategy for preventing future delinquency and/ or mental health problems. The centrality and importance of family to Filipinos was reported by this survey. Leong's (1994) study of Los Angeles County showed a high utilization of family therapy by Filipinos in the County Mental Health System. It is the opinion of the researcher that appropriate family services cannot be delivered without bilingual/ bicultural staff. Respondents believed there is a gap in services to the community due to the lack of bilingual/ bicultural personnel. Although every agency involved in the survey offered bilingual/ bicultural services, none of the respondents believed that sufficient services were available to meet the needs of the community.

Filipino Americans are a diverse group, with various waves of immigration bringing in distinctly different groups (socioeconomic status, educational level, professional status). One question that was not asked in the survey, but may have been helpful, is whether the participant was American-born or Philippine-born and whether they have proficient bilingual skills to be able to provide services in the Filipino language.

Agbayani-Siewert (1994) makes the distinction that Filipinos are different from other Asians because they are Catholic. Thus, methods of treatment that take into consideration the relative function of religion in the lives of clients is an important consideration for culturally sensitive treatment. Further development of the instrument should include assessment of alternative referral sources for counseling services, such as the clergy. Possible sources of educational outreach about mental health services can be linked to church communities as well.

Limitations of this survey were many. The need for Human Subjects Approval from the university delayed data collection and left the researcher with less time allotted for data gathering. The sample is also too small for any of the data to be generalizable. Therefore, this is only preliminary data that is descriptive of the opinions of the respondents.

The survey instrument itself needs further development. There is a need for further clarification or rewording of questions. More questions on cultural competency, specifically regarding the participant's agency, would also be useful to add. Another obstacle

to data collection was that some respondents' answers were missing. Also, some questions were answered incorrectly; the respondent did not follow directions appropriately.

Recommendations for improving the instrument include making it more succinct; decreasing the length, or focusing on a specific area instead of attempting to cover broad issues. Since family issues were identified as a theme throughout the survey, further development of the instrument may include questions regarding ideas for development of family services.

Given the limitations of collecting data from such a small number of individuals, this survey can serve as the beginning to assessment of community needs. Although responses were disparate, some overlap was demonstrated on several key issues: family focused treatment, immigration issues, and the need for more bilingual/ bicultural workers.

Since it was the original goal of the researcher to utilize this survey to help build collaborations between a community based organization (FYC) and the mental health system, it may be important to look at how the community can get involved in creating more bilingual/ bicultural staff for mental health services. Recommendations of the researcher on this topic include: educating college age youth about the need for social service/ community workers, and for the community to establish relationships and collaborate with schools of social work to actively recruit and educate workers.

Immigration was another topic that was frequently mentioned by

respondents as an area in need of services. Filipinos continue to grow in numbers of new immigrants. Assessment of the current method of interface between new immigrants and the social service system can be a topic of further study. Ideas for greater coordination of services for new immigrants is another area in need of further research.

The original goals of this survey - to gain a general assessment of barriers to service utilization and generate program development and planning ideas, was partially met. Ideas and concepts were generated which is a beginning to building collaborations between agencies. Building of collaborations, as a subgoal of the researcher will be developed as the results are shared with the participants.

Morales (1995) identifies "lack of communication and linkage among leaders, which allows self-interest to supersede community efforts" as a barrier to community organizing with Filipinos. He identifies four circle of loyalties of Filipinos, the first circle is the immediate family, which is followed - in order of importance - by the extended family, the compadre and comadre circle, and finally, neighbors, community or 'barangay' (village). Ordering of loyalties is illustrative of the "colonial mentality" of Filipinos that creates disunity and dissention between groups. Enriquez (1992) identifies the core Filipino value of 'Kapwa' which is most accurately translated into English as 'personhood.' Central to Enriquez' definition of Kapwa is the concept of "shared identity" (p.153). It is the hope of the researcher that by working to build

community collaborations a sense of 'kapwa' can cultivate 'barangay' or a sense of community.

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SJSU SAN JOSE STATE UNIVERSITY

College of Social Work • One Washington Square • San José, California 95192-0124 • 408/924-5800

Dear Participant:

Thank you for agreeing to participate in this survey. The general purpose of this survey is to collect information from service providers about mental health agencies that serve the Filipino community and barriers to service delivery and utilization. Part of the survey will also address areas of problem identification and ideas for program planning and development. Respondent information will also be collected as a means of assessing the general background of participants.

Attached is a copy of the consent form which needs to be signed and returned to me with the written questionnaire. Please remember to make a copy of the consent form for your records.

I will be calling you in a week to interview you about the survey questions in order to facilitate data collection. The cumulative results of the questionnaire will be shared with you once the research is complete.

Please feel free to write any comments about the survey itself at the end of the questionnaire. Thanks again for your time and input. This will be very helpful information for the Filipino community as a whole. —

Sincerely,

Patricia Ag

Patricia Aquino

SJSU SAN JOSE STATE UNIVERSITY

College of Social Work • One Washington Square • San José, California 95192-0124 • 408/924-5800

Agreement to Participate in Research

Responsible Investigator: Patricia Aquino, MSW Intern

Title of Protocol: Key Informant Survey of Filipino Mental Health Needs

1. I have been asked to participate in a research study evaluating the mental health needs in the local Filipino community. The purpose of this research is to gather information for program planning and development.

2. I will be mailed a Key Informant Survey and will be interviewed over the phone within two weeks regarding my responses to the survey questions.

3. No risks are anticipated.

4. The results of the survey will be shared with me as a benefit of participation.

5. There are no alternative procedures.

6. Results of the study may be published, but no identifying information will be included. Confidentiality will be strictly protected.

7. There is no compensation for participation.

8. Questions about the research may be addressed to Patricia Aquino, at (415) 965-3854.
Complaints about the research may be presented to the Social Work Department Chair, Armand Sanchez, Ph.D., at (408) 924-5800. Questions or complaints about research, participant rights, or research-related injury may be presented to Serena Stanford, Ph.D., Associate Academic Vice President for Graduate Studies and Research, at (408) 924-2480.

9. No services of any kind, to which I am entitled, will be lost or jeopardized if I choose not to participate.

10. I consent to participate in the voluntarily, and I may refuse to participate in the study or in any part of the study. If I decide to participate, I will be free to withdraw at any time without prejudice to my relations with San Jose State University or the Filipino Youth Coalition.

11. I have received a signed and dated copy of this form.

- **The signature of the individual on this document indicates agreement to participate in the study.**
- **The signature of the researcher on this document indicates agreement to include the above named individual in the research and attestation that the individual has been fully informed of her or his rights.**

_____   _____
Participant's Signature   Date

_Patricia Aq____
_____   _____
Investigator's Signature   Date

APPENDIX C

Key Informant Survey of Filipino Family and Youth Service Needs in Mental Health

Date Completed:_____

General Agency information:

1. In what city/ town is your agency located?

_____

2. What is the extent of your agency's service area? (circle one)

    (1) Neighborhood (specify)_____
    (2) City (specify)_____
    (3) County (specify) _____
    (4) Region (specify) _____

3. What is the agency's main area of service specialty?

_____

4. In what way(s) does your agency inform the public about its services?

_____
_____
_____

5. How long is the usual waiting period between first contact with the agency and the first appointment?

    ( ) less than 7 days   ( ) 15-20 days
    ( ) 7-10 days   ( ) 21-28 days
    ( ) 11-14 days   ( ) 29 days or more

6. Is public transportaion easily accessible to and from your agency (within 5 blocks) ?

    ( ) Yes
    ( ) No

7. Are services offered during evening hours? (after 5 p.m.)

    ( ) Yes
    ( ) No

8. Are services offered on weekends?

    ( ) Yes
    ( ) No

9. What is the method of payment for services offered ? (check all that apply)

    ( ) No cost
    ( ) Sliding scale
    ( ) Medical/ Medicare
    ( ) Fee for service
    ( ) Other (specify _____)

10. Which racial and ethnic populations does the agency serve?

_____
_____
_____

11. Have staff been formally trained in cultural competency?

( ) Yes
( ) No

11. a. If yes, with which groups? (check all that apply)

( ) Filipinos
( ) Asians (general) (specify _____)
( ) African-Americans
( ) Latinos
( ) Other (specify _____)

12. Are services at your agency provided in the Filipino language?

( ) Yes
( ) No

12.a. If yes, which dialects ? (please list)

_____
_____

Agency information in relation to serving the Filipino community:

13. Is your agency in an accessible location to the Filipino community?

( ) Yes
( ) No

14. In your opinion, do Filipinos feel welcome and at ease in your agency setting?

( ) Yes
( ) No

15. What kinds of mental health or related problems do you encounter most frequently in Filipino persons using your services?

_____
_____
_____

16. Do you feel there are adequate resources within your agency to deal with the problems you identified in Question 14?

( ) Yes
( ) No

Please elaborate on your
response:_____
_____
_____

17. Do you think there are adequate community resources available when you need to refer clients?

( ) Yes
( ) No

Please elaborate on your response:

_____
_____
_____

Filipino Community Problems:

18. Many communities have problems. In your opinion, what are the three most serious mental health related problems in the Filipino community? (1 - most serious, 2 - next most serious, 3 - third most serious)

1) _____
2)_____
3)_____

19. What factors, if any, do you feel would keep Filipinos from seeking help from a mental health center or similar helping agency? (Please rank top three; number 1-3)

( ) Must keep problems in the family
( ) It wouldn't help
( ) Lack of transportation
( ) Fear of what others might think
( ) Cost of services
( ) Location of agency
( ) Lack of awareness of available services
( ) No Bilingual counselor
( ) Other (specify _____)

Outreach:

20. In your opinion, what is the most effective way to inform the Filipino community about services available at social service agencies? (please rank top three)

( ) Television   ( ) Educational Talks
( ) Pamphlet   ( ) Local newspapers (specify _____)
( ) Word of Mouth   ( ) Other (specify _____)
( ) Radio

21. List social service agencies that you are aware of as actively working with the Filipino community.

_____
_____
_____

21. a. Which of these agencies are doing community outreach? (please list)

_____
_____
_____

22. Does your agency make specific outreach efforts to the local Filipino community?

( ) Yes
( ) No

If yes, please elaborate:

_____
_____
_____

Program Development:

23. Which of the following services would you like to see expanded to the Filipino community? (Please rank order the top 1-5)

( ) Help with family problems
( ) Parent education
( ) Child counseling
( ) Alcohol education
( ) Assertiveness training
( ) Drug abuse counseling
( ) Suicide prevention
( ) Drug education
( ) Marital counseling
( ) Alcohol abuse counseling
( ) Adult counseling
( ) Pregnancy prevention counseling
( ) Job skills training for adolescents
( ) Gang outreach
( ) Delinquency prevention programs
( ) Other (specify _____)

Respondent information:

24. What is your position or title at your agency?
_____

25. Are you an administrator?

( ) Yes
( ) No

26. Are you a direct practicioner?

( ) Yes
( ) No

27. What is your regional background?

( ) Tagalog
( ) Ilocano
( ) Cebuano
( ) Other (specify _____)

28. What is your sex?

( ) Female
( ) Male

29. What is your date of birth? Write 01 for January, 02 for February, and so on. Write 01 for the first day of the month, 02 for the second, and so on.

[   ]   [   ]   19 [   ]
Month   Day Year

30. How long have you worked for your agency?

( ) Under 1 year   ( ) 11- 15 years
( ) 1-5 years   ( ) 16 years or over
( ) 6-10 years

31. What is your highest level of educational attainment?

( ) High school graduate   ( ) Attended graduate school
( ) Attended college   ( ) Graduate degree (specify _____)
( ) College graduate
    (specify degree _____)

Open-ended concluding questions:

32. What types of general services to the Filipino community would you like to see developed further?

_____
_____
_____

33. What are your ideas about how these services can be developed?

_____
_____
_____
_____

34. In your opinion, how are ways in which access to services can been improved to best meet the needs of the Filipino community?

_____
_____
_____
_____

Thank you for your time and participation.

SJSU SAN JOSE STATE UNIVERSITY

Office of the Academic Vice President • *Associate Academic Vice President* • *Graduate Studies and Research*
One Washington Square • San José, California 95192-0025 • 408/924-2480

TO: Patricia J. Aquino
           283 Carmelita Dr.
           Mountain View, CA 94040

FROM: Serena W. Stanford
           AAVP, Graduate Studies & Research

DATE: July 24, 1996

The Human Subjects-Institutional Review Board has approved your request to use human subjects in the study entitled:

> "Key Informant Survey of Filipino Family and Youth
> Service Needs in Mental Health"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Serena Stanford, Ph.D., immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that all subjects need to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate, or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact me at (408) 924-2480.

San José State University
College of Social Work

Field Agency's Approval of Research Project Prospectus

Instructions: This form must be completed by all students participating in university related research projects, including S.W. 298 projects. The form should be completed and submitted to the student's S.W. 298 instructor or faculty sponsor. All students are expected to advise their agencies of the content of their research projects as well as plans related to their proposed methodology, data collection, and data analysis activities. Completion of this form does not remove the obligations of students to complete other college, university, or agency research review and approval procedures/policies.

If significant changes are made in the project a new form must be completed and submitted. All S.W. 298 students must complete and submit this form prior to commencing their actual research work with data collection or clients; and in any event before the end of their first semester of study.

The field instructor's or other agency representative's signature certifies that the student has discussed and shared their plans with the agency, and that the agency is not in opposition to the project. The S.W. 298 instructor and/or other college officials should be contacted if there are any concerns, questions, or objections.

Name of Student __Patricia Aquino__   Name of Agency __Filipino Youth Coalitio__

Field Instructor's Name __Steve Arevalo__   F.I.'s Telephone # __4087293900__

SJSU Instructor's Name __Joan Merdinger, Ph. D.__   Semester(s) __Summer 1996__

Proposed Topic __Key Informant Survey of Filipino Family and Youth Service Needs in Mental Health__

Brief Description of Project - Including Timelines, Sample/Subjects, and Methodology:
Key Informant survey of Filipino Mental Health professionals and community workers to assess needs for program planning and development, focusing on issues of accessibility, effectiveness of current services and suggestions for improving services. Data will be gathered in the month of July. There will be 10 subjects as identified by the sponsoring organization (Filipino Youth Coalition). The survey will be sent in the mail (ove.)

Signature of Student _____   Date __7/10/96__

Signature of Field Inst./Agency Rep. _____   Date __7/10/96__

Signature of 298 Instructor/College Rep. _____   Date __7/15/96__

1